

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DAVID BILLUPS
601 DEWDROP CIRCLE
APT. H
CINCINNATI, OH 45240

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x. *Sharon Bellups* ☐ Agent ☒ Addressee

B. Received by (Printed Name) *Sharon Bellups* C. Date of Delivery *4-29*

D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7002 0860 0006 5229 8740

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4 in this box

CLERK, U.S. DISTRICT COURT
100 E. FIFTH STREET
ROOM 324
CINCINNATI, OH 45202

62024735A7

Doc. 156

